

## LABORATORY REPORT

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

**EXAMPLE, REPORT W** 

WX0000003826 F 12/05/1988 34 Y

Referral Testing

Collected: 07/19/2023 11:22 Received: 07/19/2023 11:22

**Test Name** Result Flag Ref-Ranges Units <u>Site</u>

ADMARK (R) Phospho-Tau/Total-Tau/A Beta42 CSF

Interpretation See Note QCRL

This test detected borderline levels of A-beta 42, T-tau and/or P-tau proteins in the cerebrospinal fluid (CSF).

QCRL **Technical Results** See Note

Interpretive Result Table \_\_\_\_\_\_

INTERPRETATION: Borderline

TEST: A-beta 42

TECHNICAL RESULT: 508.9 pg/mL

REFERENCE RANGE: Not consistent with AD: P-Tau <54 pg/mL and ATI >1.2, Borderline: P-Tau 54-68 pg/mL and/or ATI 0.8-1.2, AD: P-Tau >68 pg/mL

and ATI < 0.8

\_\_\_\_\_\_

INTERPRETATION:

TEST: T-Tau

TECHNICAL RESULT: 268 pg/mL

REFERENCE RANGE:

\_\_\_\_\_

INTERPRETATION: TEST: P-Tau

TECHNICAL RESULT: 65.65 pg/mL

REFERENCE RANGE:

INTERPRETATION:

TEST: ATI

TECHNICAL RESULT: 0.91

REFERENCE RANGE:

QCRL Comments See Note

Comments: This analysis detected borderline levels of CSF A-beta 42 peptide (A-beta 42), total tau (T-tau) and/or phospho-tau (P-tau) protein as indicated in the technical results table. The clinical significance of these results is unknown. Please carefully reconcile these results with the patient's clinical symptoms and medical history.

Recommendations: Health care providers, please contact the Athena

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

F119000015 WX0000003826 Printed D&T: 07/19/23 11:25 Ordered By: KAJAL SITWALA, MD, PhD WX0000000002353

Form: MM RL1

Kaial V. Sitwala, MD. PhD - Medical Director

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Diagnostics Client Services Department at 1-800-394-4493 if you wish to speak with a clinical consultant regarding this test result.

Background information: Alzheimers disease (AD) is the most common form of dementia, accounting for 60-70% of cases (1). AD manifests initially with subtle progressive memory loss that eventually becomes severe and incapacitating. Behavioral deficits, including social withdrawal, aggression, depression and hallucinations, are also present (3). Pathologically, AD is characterized by the formation of beta-amyloid plaques and neurofibrillary tangles within the brain, and cerebral cortical atrophy (4). The CSF based biomarkers A-beta 42 peptide (A-beta 42), phospho-tau (P-tau) and total tau (T-tau) can aid in the diagnosis of AD. The combination of A-beta 42 and T-tau results are express as the A-beta 42 to T-tau Index (ATI). ATI is calculated as A-beta  $42/(240 + 1.18 \times T- tau)$  and represents a ratio normalized by the discrimination line A-beta  $42 = 240 + 1.18 \times T$ -tau (4, 5). Studies performed with over 70 participants, showed that the cutoff value of ATI = 1, yields a sensitivity of 85-94% and specificity of 54-95% in distinguishing AD from non-AD populations (4, 5). An ATI of <1.0 is typical of AD, while a value >1.0 is typical of control populations. Additionally, the CSF levels of P-tau have been found to discriminate AD from other dementias with sensitivities of 72-88% and specificities of 78-83% (1). Athena considers ATI values of 0.8 to 1.2and P-tau levels of 54-68 pg/ml as borderline results. The combination of all three biomarkers has been reported to have an average sensitivity and specificity of 85% and 90%, respectively (6).

QCRL Methods See Note

Detection of proteins was performed by Enzyme Linked Immunosorbent Assay (ELISA) methodology.

Limitations of analysis: Although rare, false positive or false negative results may occur. All results should be interpreted in the context of clinical findings, relevant history, and other laboratory data.

OCRI References See Note

1. Ferreira, D, et al. (2014) Front Aging Neurosci 6: 47. (PMID: 24715863)

2. Bird, T. (2008) Genet Med 10:231-9 (PMID:18414205)

3. Braak, H, et al. (1991) Acta Neuropathol 82: 239-59. (PMID: 1759558) 4. Hulstaert, F, et al. (1999) Neurology 52: 1555-62. (PMID: 10331678) 5. Blennow, K. (2004) NeuroRx 1: 213-25. (PMID: 15717022) 6.

Blennow, K, et al. (2015) Alzheimers Dement 11: 58-69. (PMID: 24795085)

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This test was developed and its analytical performance characteristics have been determined by Athena Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Laboratory oversight provided by Vivekananda Datta, M.D., Ph.D., CLIA license holder, Athena Diagnostics (CLIA# 22D0069726)

Testing performed at:
Athena Diagnostics 200 Forest Street Marlborough, MA 01752
Test Performed at:
Athena Diagnostics, Inc.
200 Forest Street, 2nd Floor
Marlborough, MA 01752 V Datta MD, PhD

Performing Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

**Reported Date:** 2023.07.19 11:24 ALZE

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL,  $\,$  . - NOT TESTED

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